

West Virginia LONG TERM CARE SERVICES

Cynthia Beane, Acting Commissioner
Bureau for Medical Services



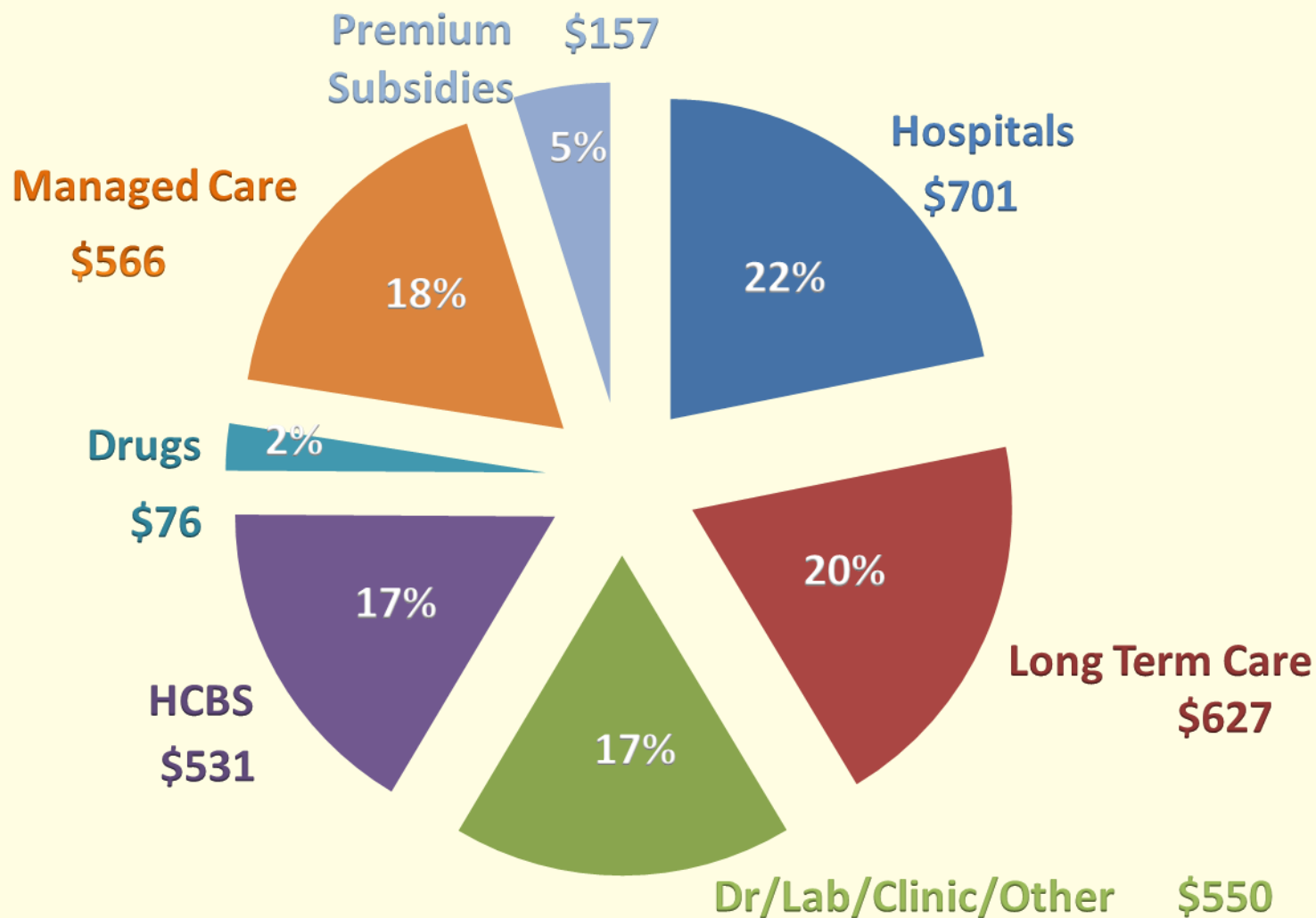
WEST VIRGINIA
Department of
Health & Human
Resources
BUREAU FOR
MEDICAL SERVICES

Long-Term Care in WV

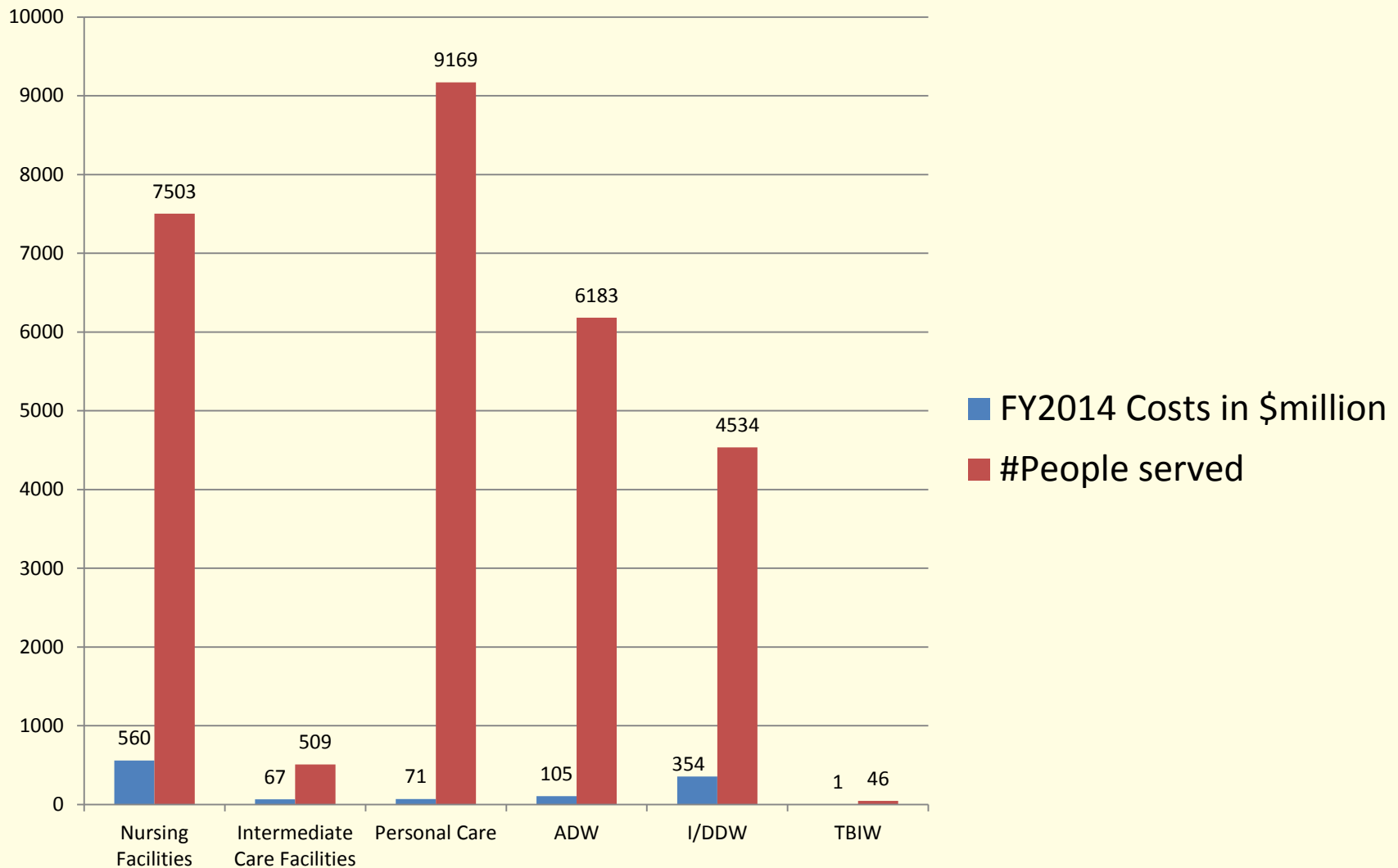
Medicaid Long-Term Care Services include:

- Nursing Facilities (nursing homes, skilled nursing facilities)
- Intermediate Care Facilities for Individuals with Intellectual/Developmental Disabilities (ICF/IID)
- Home and Community Based Services (optional services)

FY 2014 Medicaid Service Costs



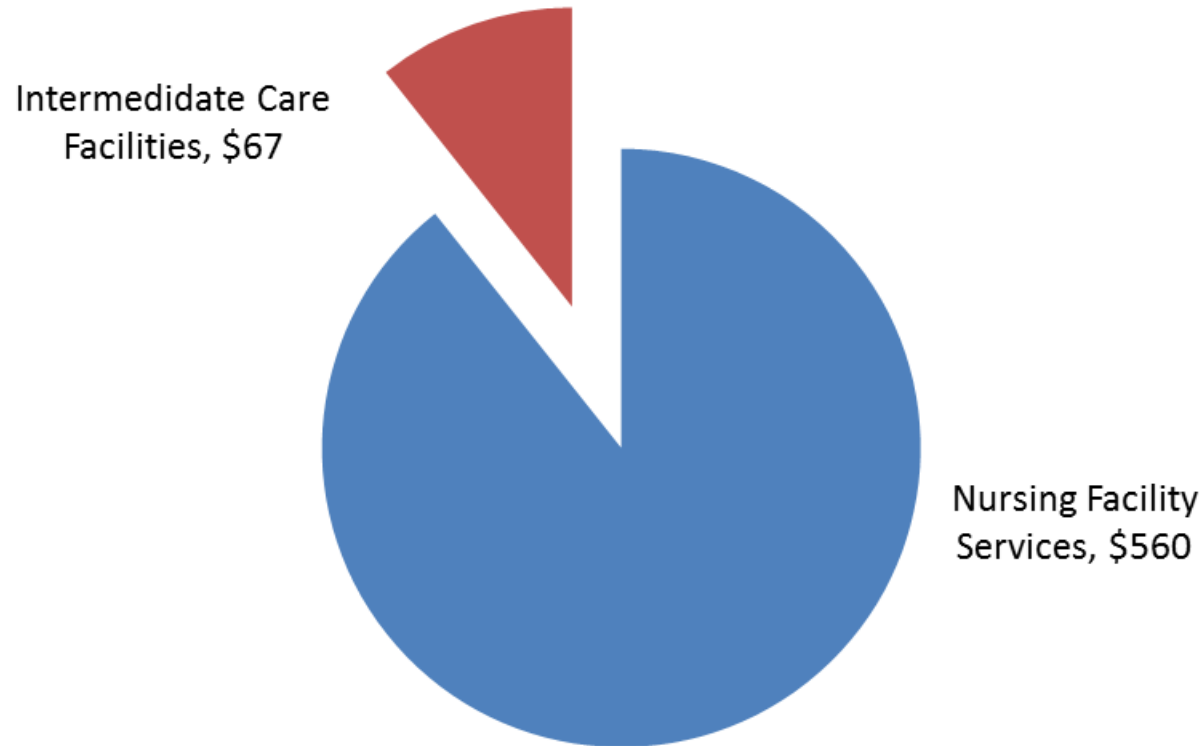
People Served vs Cost in Long-Term Care



Facility Services Costs SFY 2010-2014 (\$ Millions)



Facility Services Costs FY 2014 (\$millions)



Nursing Home Services

- Must be determined medically and financially eligible for Medicaid in order to receive nursing home care.
- Individual must nursing level of care (at least five deficits in activities of daily living)

Nursing Home Care

WV Nursing Homes = 115

Nursing Home Bed Capacity = 10,139

Medicaid Occupancy = 74 %

Average Annual Medicaid Cost/Bed = \$ 77,000

Nursing Home Beds Avg. Annual Cost (000's)



Intermediate Care Facilities

- Commonly, four to eight members reside in each ICF/IID facility.
- Must have a diagnosis of an intellectual disability or a related condition and manifest concurrent substantial adaptive deficits such as needing assistance with 3 or more major life activities such as self care, learning, communication, etc.

Intermediate Care Facilities

Intermediate Care Facilities = 70

Intermediate Care Facilities Capacity = 509

Medicaid Occupancy = 100 %

Average Annual Medicaid Cost/Bed = \$ 172,000

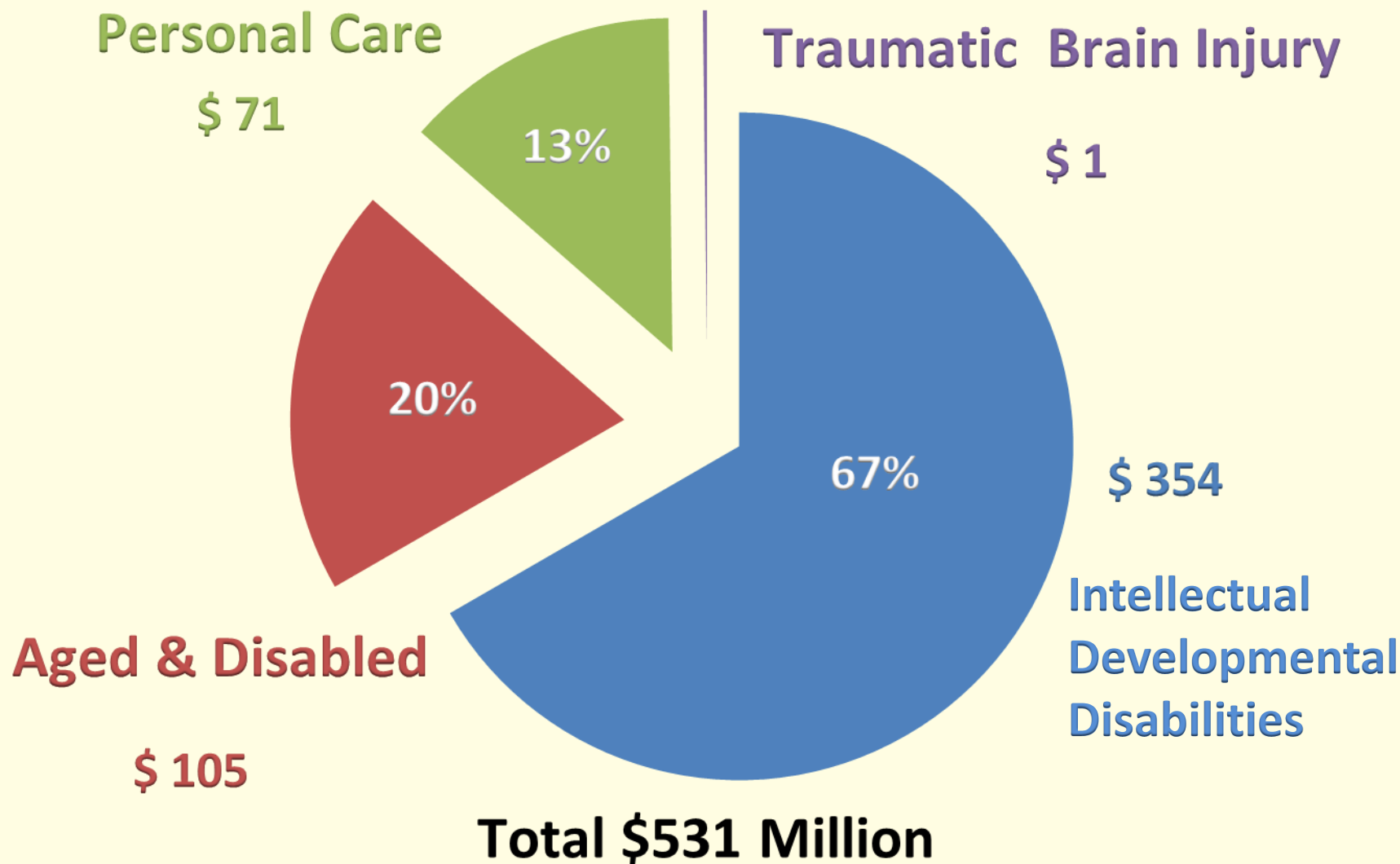
Intermediate Care Average Annual Cost (000's)



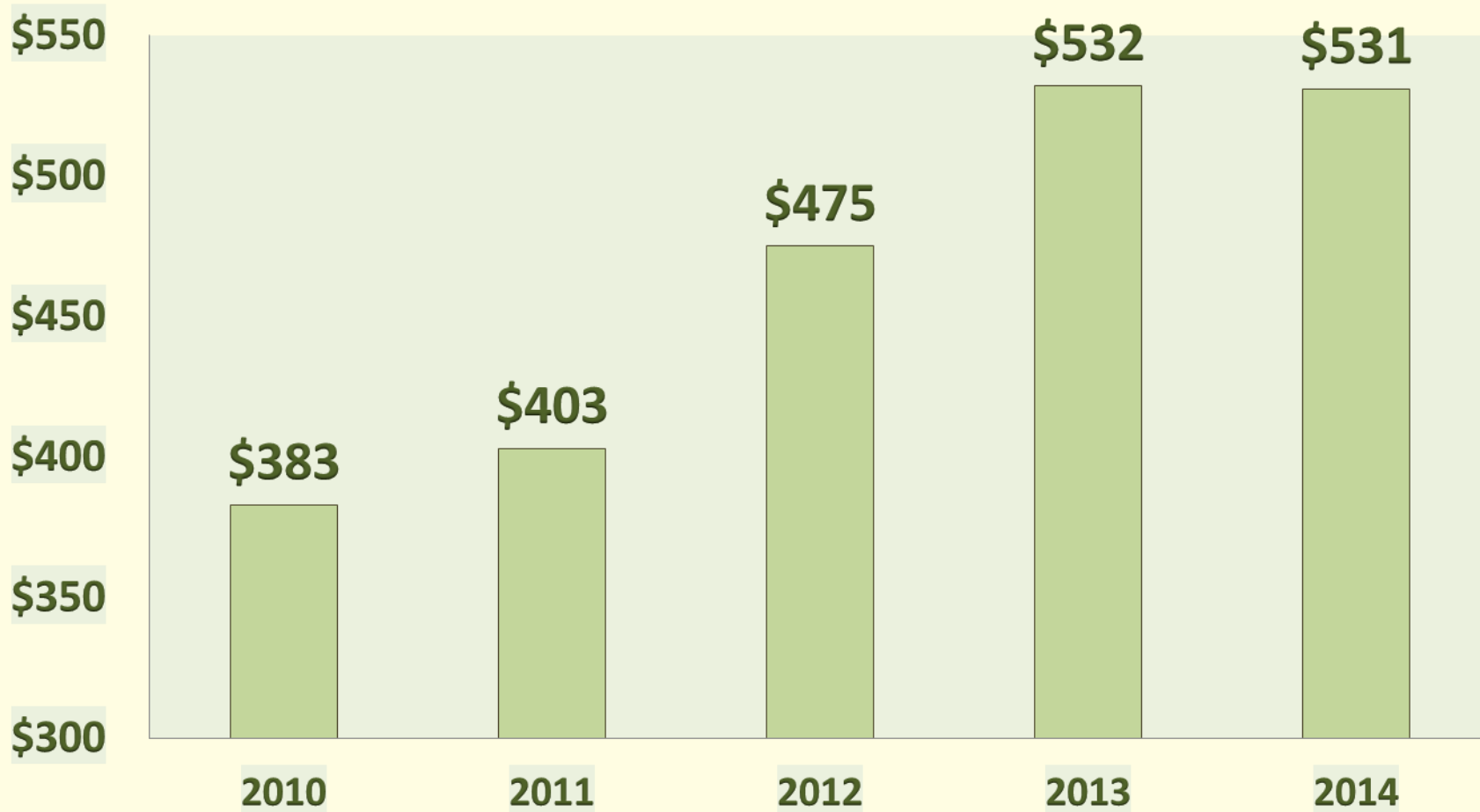
Home & Community Based Services

- Home and Community Based Waiver Services (1915(c)) permits states to furnish an array of home and community based services that assist Medicaid members to live in the community and avoid institutionalization.
- Waiver program participants must be determined both medically and financially eligible for services.
- One Home and Community Based Services which does not require a waiver is Personal Care services. Members receiving Personal Care services must be medically eligible and meet financial eligibility the same as other Medicaid members.

Home & Community Based Costs FY 2014 (\$million)



Home & Community Based Services (\$ millions)



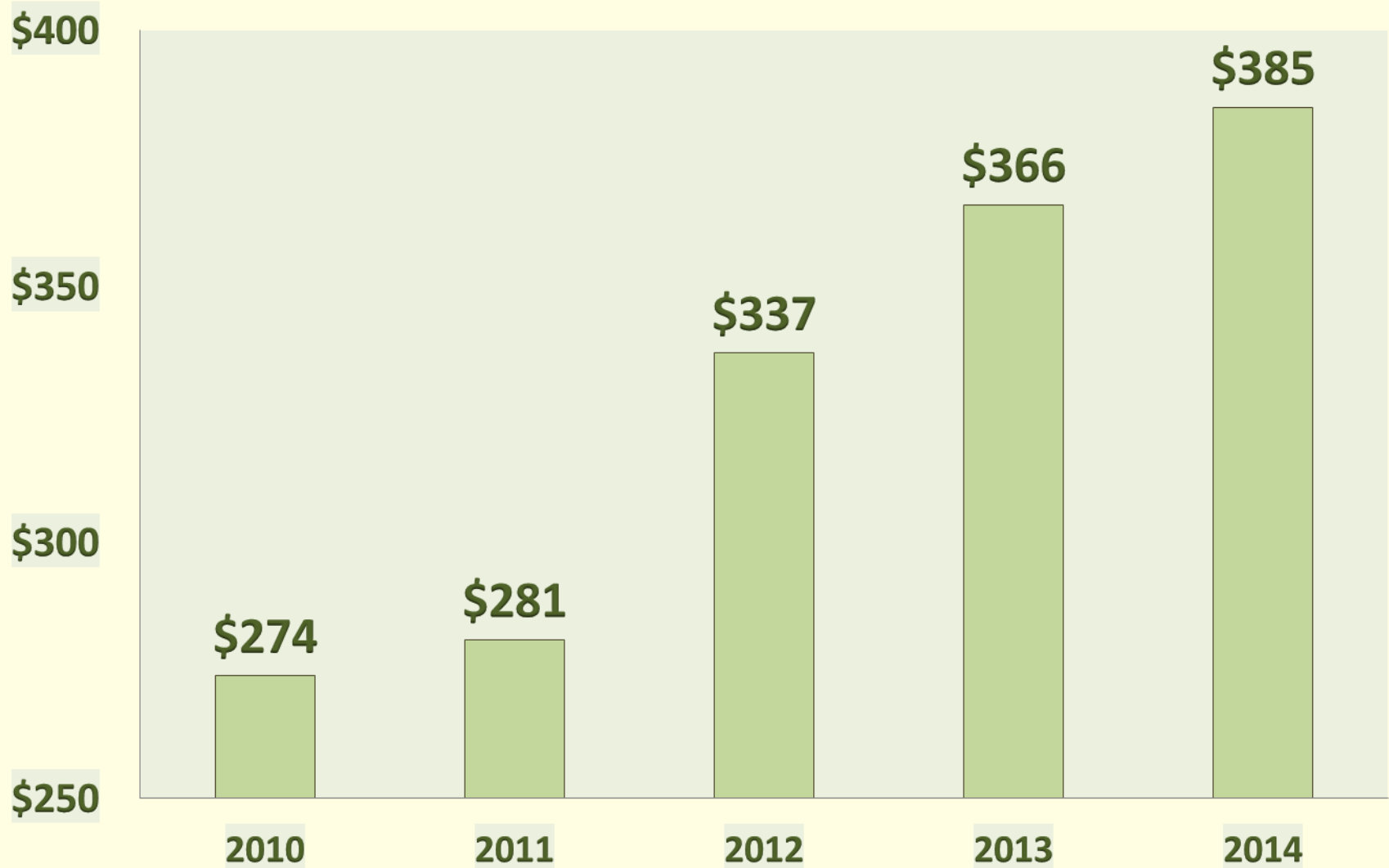
Home & Community Based Services

- In State Fiscal Year 2014 (July 1, 2013 to June 30, 2014):
 - 4,534 people received Intellectual/Developmental Disabilities Waiver services
 - 6,183 people received Aged and Disabled Waiver services
 - 46 people received Traumatic Brain Injury services
 - 9,169 people received Personal Care services

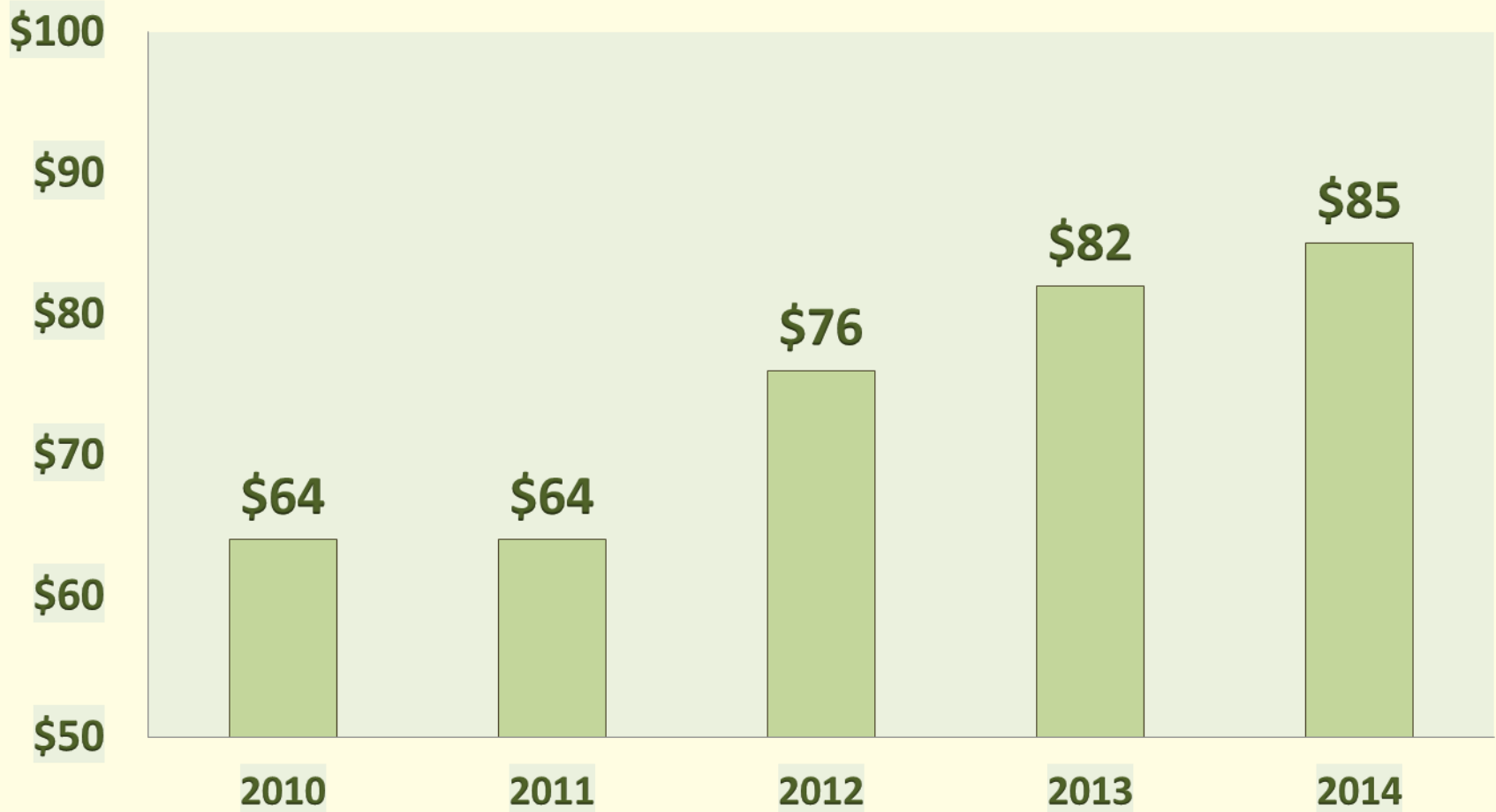
Individuals receiving I/DD Waiver Services may receive the following services based upon need:

- Behavioral Support
- Crisis Services
- Therapy Services such as Dietary, Occupational, Physical, and Speech
- Electronic Monitoring/Surveillance System and On-site Response
- Environmental Accessibility Adaptations
- Facility Based Day Habilitation
- Person Centered Support (Individual and Family)
- Respite
- Service Coordination
- Skilled Nursing
- Supported Employment
- Therapeutic Consultant
- Transportation (medical and community activities)
- Participant Directed Goods and Services (only in self-direction model)

I/DD Waiver All Inclusive Costs (\$ Millions)



I/DD Waiver Cost Per Recipient (\$ 000's)



Aged and Disabled Waiver Services

Individuals receiving Aged and Disabled Waiver Services may receive the following services based upon need:

- Case Management
- Personal Assistance/Homemaker Services
- Nursing Assessments
- Transportation (medical and community activities)
- Participant Directed Goods and Services (only in self-direction model)

ADW All Inclusive Costs (\$ Millions)



ADW Cost Per Member (\$ 000's)



Traumatic Brain Injury Waiver

Individuals receiving Traumatic Brain Injury Waiver Services may receive the following services based upon need:

- Case Management
- Personal Attendant Services
- Transportation (medical and community activities)
- Cognitive Rehabilitation Therapy
- Participant Directed Goods and Services (only in self-direction model)

Personal Care Services

Individuals receiving Personal Care Services may receive the following services based upon need:

- Personal Care (Direct Care Services) which assists members with:
 - activities of daily living in the home and/or community
 - Environmental tasks necessary to maintain the member in the home
 - Completion of errands that are essential for a member to remain in the home
 - Obtaining or retaining competitive employment

Take Me Home, WV

- Take Me Home, WV, is a federally funded Money Follows the Person Rebalancing Demonstration Grant Program which assists eligible elderly and individuals with disabilities move from a long-term care facility to a home in the community.
- Take Me Home participants receive supports from existing home and community based service programs or the Supported Housing Program Operated by the Bureau for Behavioral Health and Health Facilities.

Take Me Home, WV

	SFY 2014
Number of applicants	157
Number found eligible for Take Me Home	156
Number of transitions back to the community	47

Future of Medicaid Long-Term Care

- In 2015 Medicaid is establishing a long-term care committee.
- Objectives of the group:
 - Improve the effectiveness of the delivery system
 - Improve quality of long term care services (LTCS) for Medicaid members
 - Must be budget neutral
 - Assure the existing funding pays for value